Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: ERISA-TR Fidelity Forms - SERFF Tr Num: TRVE-125250102 State: Arkansas

Enhancement filing 2007-06-0080

TOI: 23.0 Fidelity SERFF Status: Closed State Tr Num: AR-PC-07-025667

Sub-TOI: 23.0000 Fidelity Co Tr Num: 2007-06-0080 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Authors: Socorro Armstrong, Disposition Date: 08-06-2007

Theresa Lavenburg, Michelle Smith

Cotto, Celina Caez

Date Submitted: 08-01-2007 Disposition Status: Approved

Effective Date Requested (New): 08-30-2007 Effective Date (Renewal): 08-30-2007 Effective Date Requested (Renewal): 08-30-2007

2007

General Information

Project Name: ERISA-TR Fidelity Forms - Enhancement filing 2007-06- Status of Filing in Domicile:

0800

Project Number: 2007-06-0080 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 08-06-2007

State Status Changed: 08-02-2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our Company Filing Number: 2007-06-0080

Form Filing

Fidelity

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194

This is an independent filing on behalf of Travelers Casualty and Surety Company of America.

In compliance with the insurance laws and regulations of your state, and the Employee Retirement Income Security Act of 1974 (ERISA) and the Pension Protection Act of 2006 (PPA 06) our company submits one (1) general use endorsement. The purpose of the filing is to conform to the new ERISA bonding requirements that require a \$1,000,000 limit for Insured Plans that hold employer securities. The requirements go into effect January 1, 2008.

State of Domicile: Connecticut

This filing consists of the following endorsement:

F-3679 (10/07), for use with the ERISA Compliance Bond product (F-3600).

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
One Tower Square (860) 277-2345 [Phone]
Hartford, CT 06183 (860) 277-3937[FAX]

Filing Company Information

Travelers Casualty and Surety Company of

America

One Tower Square Group Code: 3548 Company Type:

CoCode: 31194

2S2B

Hartford, CT 06183 Group Name: State ID Number:

(860) 277-0179 ext. [Phone] FEIN Number: 06-0907370

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Travelers Casualty and Surety Company of \$50.00 08-01-2007 14901808

America

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-06-2007	08-06-2007

Disposition

Disposition Date: 08-06-2007 Effective Date (New): 08-30-2007 Effective Date (Renewal): 08-30-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access	
Supporting Document	Uniform Transmittal Document-Prope	Yes		
	Casualty			
Supporting Document	Cover Letter	Approved	Yes	
Form	ERISA Required Bond Limit	Approved	Yes	

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	ERISA Required	F-3679		Endorseme New		0.00	F-3679
	Bond Limit	(10/07)		nt/Amendm			final.pdf
				ent/Conditi			
				ons			

CY. PLEASE READ IT CAREFULLY.
ond Limit Bond F-3600 Ed. 8-00)
following:
ties within the meaning of 29 U.S.C.A. § 1107(d)(1), Million) for \$500,000.00 (Five Hundred Thousand).

incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 3 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by:	
	On behalf of the entity named in ITEM 1 of the Declarations
	Authorized Company Representative

F-3679 (10/07)

© 2007 The Travelers Companies, Inc. All Rights Reserved

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- App

Approved 08-06-2007

Property & Casualty

Comments: Attachments:

2007 PC NAIC Transmittal (generic) (2).pdf

2007 NAIC Form List.pdf

Review Status:

Approved 08-06-2007

Satisfied -Name: Cover Letter

Comments: Attachment:

AR Travelers Filing Letters 4.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance Dept. Us	se Only		2. Ins	urance I	Dep	artment Us	e or	nly	
, ,		a. Date the filing is received:								
				b. Analyst:						
				c. Disposition:						
					-		tion of the fili	ing:		
					ective da					
					New Bu	ısin	ess			
					Renewa	al B	Business			
				f. Sta	te Filing	#:				
					RFF Filin		:			
					bject Coc					
2	Croup Name								Croun	NAIC #
ა.	Group Name Travelers								3548	NAIC #
					1		T			I _
4.	Company Name(s)				Domicil	е	NAIC #	FE	IN#	State #
	Travelers Casualty and Surety	Company	of A	merica	СТ		31194	06-		
								090	07370	
•										
								_		
5	Company Tracking Number			2007-0	6-0080					
	Company Tracking Number			2007-0						
Con	tact Info of Filer(s) or Corpo		r(s)	[include	toll-free					
	ntact Info of Filer(s) or Corpo Name and address	Title		[include	toll-free		FAX#			mail
Con	tact Info of Filer(s) or Corpo	Title Regulatory		[include	toll-free				smithco	mail o@traveler
Con	Name and address Michelle Smith Cotto	Title		[include	toll-free		FAX#			
Con	Name and address Michelle Smith Cotto One Tower Square, 2SHS	Title Regulatory		[include	toll-free		FAX#		smithco	
Con	Name and address Michelle Smith Cotto	Title Regulatory		[include	toll-free		FAX#		smithco	
Cor 6.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183	Title Regulatory		[include Teleph 860-277	e toll-free none #s 7-2345	860	FAX # 0-235-4951		smithco	
6. 7.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer	Title Regulatory Analyst	,	[include Teleph 860-277	e toll-free none #s 7-2345	860	FAX # 0-235-4951		smithco	
7. 8.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorize	Title Regulatory Analyst ed filer	,	[include Teleph 860-277	toll-free none #s 7-2345	860 Cotto	FAX # 0-235-4951		smithco	
7. 8.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized Information (see General I	Title Regulatory Analyst ed filer nstructions	for	[include Teleph 860-277	toll-free none #s 7-2345	860 Cotto	FAX # 0-235-4951		smithco	
7. 8. Filir 9.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized ing information (see General I	Title Regulatory Analyst ed filer nstructions	for 23.	[include Teleph 860-277	toll-free none #s 7-2345	860 Cotto	FAX # 0-235-4951		smithco	
7. 8. Filir 9.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub	Title Regulatory Analyst ed filer nstructions	for 23.	[include Teleph 860-277 Michelle descripti Fidelity elity	toll-free none #s 7-2345	860 Cotto	FAX # 0-235-4951		smithco	
7. 8. Filir 9. 10.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized Ing information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements]	for 23. Fid	[include Teleph 860-277 Michelle descripti Fidelity elity	toll-free none #s 7-2345	860 Cotto	FAX # 0-235-4951		smithco	
7. 8. Filir 9. 10. 11.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req Company Program Title (Mar	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements]	for 23. Fid	[include Teleph 860-277 Michelle descripti Fidelity elity	toll-free none #s 7-2345 2-2345 2-2345 2-2345 3-2345 3-2345	860 Cotto	FAX # 0-235-4951	<u>s.</u>	com.	o@traveler
7. 8. Filir 9. 10. 11.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized Ing information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements]	for 23. Fide N/A	[include Teleph 860-277 Michelle descripti Fidelity elity	e toll-free none #s 7-2345 LL Swith E Smith Clions of the	860 Cotto	FAX # 0-235-4951 ##0 c fields)	Rate	es/Rules	o@traveler
7. 8. Filir 9. 10. 11.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req Company Program Title (Mar	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements]	for 23. Fide N/A	[include Teleph 860-277 Michelle descripti Fidelity elity N	e toll-free none #s 7-2345 Smith Consort the consort	860 Cotto ese	FAX # 0-235-4951 HO offields) Rules	s. Rate Rule	es/Rules	o@traveler
7. 8. Filir 9. 10. 11.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req Company Program Title (Mar Filing Type	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements]	for 23. Fide N/A	Include Teleph 860-277 Michelle descripti Fidelity elity ISA Rate/Lo Forms Withdra	e toll-free none #s 7-2345 ELL SMITH E Smith Consort the Consort Company Comp	860 Cotto ese	FAX # 0-235-4951 HO c fields) Rules	RateRule	es/Rules	o@traveler
7. 8. Filir 9. 10. 11.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req Company Program Title (Mar	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements]	for 23. Fide N/A	Michelled description Fidelity ISA Rate/Lo Forms Withdra w: 8/30/0	e toll-free none #s 7-2345 ELL SMITH E Smith Consort the Consort Company Comp	860 Cotto ese	FAX # 0-235-4951 HO c fields) Rules	RateRule	es/Ruleses/Formstion)	o@traveler
7. 8. Filir 9. 10. 11. 12. 13.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized in information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if ap	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements] rketing title)	for 23. Fide N/A ERI	[include Teleph 860-277] Michelle descripti Fidelity elity SA Rate/Lo Forms Withdraw: 8/30/0 Yes [included]	e toll-free none #s 7-2345 E Smith C ions of the coss Cost Com wal D7	860 Cotto ese	FAX # 0-235-4951 HO c fields) Rules	RateRule	es/Ruleses/Formstion)	o@traveler
7. 8. Filir 9. 11. 12. 13.	Name and address Michelle Smith Cotto One Tower Square, 2SHS Hartford, CT 06183 Signature of authorized filer Please print name of authorized Ing information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mar Filing Type Effective Date(s) Requested Reference Filing?	Title Regulatory Analyst ed filer nstructions p-TOI) (s) (if uirements] rketing title)	for 23. Fide N/A	[include Teleph 860-277] Michelle descripti Fidelity elity SA Rate/Lo Forms Withdraw: 8/30/0 Yes [included]	e toll-free none #s 7-2345 E Smith C ions of the coss Cost Com wal D7	860 Cotto ese	FAX # 0-235-4951 HO c fields) Rules	RateRule	es/Ruleses/Formstion)	o@traveler

Effective March 1, 2007	
19. Status of filing in domicile Not F	iled 🛚 Pending 🗌 Authorized 🗌 Disapproved
Property & Casualty Tran	smittal Document—
20. This filing transmittal is part of Company Track	ing # 2007-06-0080
	7
21. Filing Description [This area can be used in lieu of form text]	of a cover letter or filing memorandum and is free-
Our Company Filing Number: 2007-06-0080 Form Filing Fidelity	
TRAVELERS CASUALTY AND SURETY COMPAN	Y OF AMERICA 3548-31194
This is an independent filing on behalf of Travelers Casualty	y and Surety Company of America.
In compliance with the insurance laws and regulations of Security Act of 1974 (ERISA) and the Pension Protection Ageneral use endorsement. The purpose of the filing is to that require a \$1,000,000 limit for Insured Plans that hold & January 1, 2008.	Act of 2006 (PPA '06) our company submits one (1) conform to the new ERISA bonding requirements
This filing consists of the following endorsement:	
F-3679 (10/07), for use with the ERISA Compliance Bond	
22. Filing Fees (Filer must provide check # and fee ar [If a state requires you to show how you calculated	
Check #: Amount:	
Refer to each state's checklist for additional state calculating fees.	ate specific requirements or instructions on

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is p	part of Company Ti	racking #	2007-06	-0080	
2.	This filing corresponds to (Company tracking number of the company tracking number of the com			N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?		If replacement, give form # it replaces	Previous state filing number, if required by state
01	ERISA Required Bond Limit (For use with ERISA Compliance Bond F-3600 Ed. 8-00)		□ New □ Replacer □ Withdray			
02			☐ New ☐ Replacer ☐ Withdray			
03			☐ New ☐ Replacer ☐ Withdraw			
04			☐ New ☐ Replacer ☐ Withdraw			
05			☐ New ☐ Replacer ☐ Withdray			
06			☐ New ☐ Replacer ☐ Withdray			
07			☐ New ☐ Replacer ☐ Withdray			
08			☐ New ☐ Replacer ☐ Withdray			
09			☐ New ☐ Replacer ☐ Withdraw			
10			☐ New ☐ Replacer ☐ Withdraw			



One Tower Sq. 2SHS Hartford, CT 06183

July 31, 2007

Honorable Mike Pickens Commissioner of Insurance Arkansas Insurance Dept 1200 West Third Street Little Rock, AR 72201-1904

Our Company Filing Number: 2007-06-0080 Form Filing Fidelity

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194

Michelle Smith Cotto Travelers Bond

Phone: (860) 277-2345 FAX: (866) 235-4951

Email: msmithco@travelers.com

Products

Financial

This is an independent filing on behalf of Travelers Casualty and Surety Company of America.

In compliance with the insurance laws and regulations of your state, and the Employee Retirement Income Security Act of 1974 (ERISA) and the Pension Protection Act of 2006 (PPA '06) our company submits one (1) general use endorsement. The purpose of the filing is to conform to the new ERISA bonding requirements that require a \$1,000,000 limit for Insured Plans that hold employer securities. The requirements go into effect January 1, 2008.

This filing consists of the following endorsement:

F-3679 (10/07) which is for use with the ERISA Compliance Bond product (F-3600).

We will use our previously filed and approved Commercial Crime filing which was approved by your department on August 15, 2000 under filing number 2000-3-MC-625.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- •Form listing and final prints of each form and;
- •Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after August 30, 2007 or any earlier date allowed by state law. Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

